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ABSTRACT

In a mandatory fee setting it is important to develop a program that educates students on health center services so as to insure their continuing financial support. The Colorado State University Student Health Center receives no state funds and so has created techniques to fill this fundamental need. Students other than full-time, such as postdoctoral candidates, are eligible to use the health center. Students with six credit hours or more automatically pay the health fee. Students' spouses can also elect to pay the fee and receive the same health care as students. Center personnel have established a solid rapport with the student community through the use of orientations and open houses and encouraged the involvement of students in the fiscal decision-making process through the use of surveys and through the efforts of the student health organization. The effectiveness of this program design is reflected in the 1978 student referendum results, in which over 70 percent of the student population voted to increase health service fees rather than decrease the services offered. (LH)

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ABSTRACT REPRODUCTION FORM

"Creating A Cooperative Working Atmosphere In A Mandatory Fee Setting," JOHN H. HOGAN, M.S., Colorado State University, Fort Collins, Colorado.

In a mandatory fee setting it is important to develop a program that educates students on health center services so as to insure their continuing financial support. The Colorado State University Student Health Center receives no state funds. The budget is met by the use of a mandatory $31 health fee which generates 75% of income and fees-for-service which make up the remaining 25%.

All classifications of students and student spouses are eligible to use the Health Center. Students with six hours or more automatically pay the health fee while part-time students and student spouses can elect to pay the fee and receive the same entitlement to care. This voluntary enrollment group has proven to be a significant financial addition to the Health Center.

In 1978 the health fee was determined to be insufficient to meet the coming years budget requirements. Many alternatives such as reducing services, expanding fees-for-service and increasing the fee were discussed. A student referendum on the various alternatives was taken and over 70% of those voting favored a fee increase.

The Health Center uses many programs to assist and keep students informed concerning services. This effort has helped create an atmosphere of cooperation seldom found in a mandatory fee setting.

There are many approaches, many methods in designing the financing of individual Health Centers. Depending on state funding, mandatory fees, voluntary fees, fee-for-service charges, all of us are faced with maintaining an adequate level of support in a period of incredible inflation and its resulting belt-tightening. What I would like to do in this presentation is outline our program at Colorado State University, some of our problems and several positive steps we have taken to help us remain on solid financial ground.

The Colorado State University (CSU) Student Health Center provides care to our current population of approximately 17,000 students and their spouses. Our staff consists of 7 full-time and 20 part-time physicians including gynecologists, psychiatrists, orthopedists, general practitioners and allergists. We have 5 nurse practitioners, 22 nurses and a technical and administrative supporting staff of 25. Our services include infirmary, pharmacy, x-ray, laboratory, physical therapy, emergency treatment and speciality clinics such as trauma, internal medicine, gynecology and cold and allergy clinics.

The C.S.U. Student Health Center was built in 1964 to handle an expected 1980 enrollment of 20,000 students. Due to legislative enrollment constraints, increases have been curtailed and even cutback. Since we receive no state funding our financing is based on two areas - mandatory health fee and fees-for-service. All students carrying six hours or more are considered full time for fee purposes and pay a mandatory health fee which is currently

$31 per semester. This is unlike some universities that have switched to a purely voluntary health fee.[1] Students with less than six hours and student spouses can elect to pay the $31 health fee for use of the Health Center. This second group has contributed a tremendous amount to the Health Center. Over $30,000 annually is collected from part-time students and student spouses for the health fee on a purely voluntary basis. Approximately $11,500 more is gained from fee-for-service sales to this group.

The many classifications of fringe students such as post doctorates and students doing thesis work or finishing incompletes are placed in this elective health fee category. These are normally the forgotten students who find themselves excluded from health care. The opening of the Health Center to these students has been a positive step in terms of their health care and our financial picture. I feel it is imperative that all of us look at these additional sources of funds. Very often groups such as part-time students and student spouses are overlooked entirely. We direct a great deal of effort towards attracting these students, including advertising. Those who elect to pay the health fee can do so through the Student Insurance Office, located in the Health Center. The current semester, as well as subsequent semesters, can be elected. This causes an automatic billing for the health fee and saves the participant another registration. As many as 660 individuals including spouses, part-time students and post doctorates make up this group.

All full-time students and those who have elected to pay the

fee are entitled to a number of prepaid benefits. These include: unlimited office calls with the staff physician of their choice, ten days infirmary room and board per semester, emergency room treatment, throat cultures, physical therapy and treatment through the cold clinic. Students are charged for pharmacy, laboratory and x-ray procedures, optional procedures and missed psychiatric and gynecological appointments.

The C.S.U. Student Insurance plan provides protection for the student outside of the Health Center as well as assisting with the payment of pharmacy, laboratory and x-ray charges incurred in the Center. It is an excess blanket policy that includes many minor benefits besides hospitalization and surgical allowances. Enrollment is completely voluntary and coordinated through our registration process each semester. The present student enrollment in this program is approximately 41 percent.

Other fringe groups such as visitors on campus and participants in conferences can use the Health Center on a fee-for-service basis. Under this system they are charged for all services including office calls, emergency room and so forth. C.S.U. ties many of the facilities on campus into the summer programs for conferences. People in these groups are given the option of prepaying the health fee or going fee-for-service. Their use of the Health Center during the normally slow summer months has helped to increase our cost effectiveness for this period.

The breakdown of our budget income is three quarters from the mandatory health fee and one quarter from fees-for-service. With

an overall budget of 1.5 million dollars it becomes extremely important to insure that both the mandatory fee and fee-for-service charges are meeting their respective requirements in terms of costs-benefits. Fee-for-service charges can be easily adjusted to reflect cost increases. Our primary charges are for pharmacy, laboratory and x-ray. Charges for these services are normally kept slightly below community rates. As mentioned previously the optional Student Insurance covers pharmacy, laboratory and x-ray for students who have elected the additional program.

All of us working under a student fee system have become increasingly aware of the trend for student and legislative control over these fees. In Colorado, bills have been introduced to limit the use of such fees and to require a vote of the student body before such fees may be pledged for indebtedness or operating and maintenance expenses.[2] At Colorado State the State Board of Agriculture, C.S.U.'s governing body, has instituted a policy that in most instances requires student recommendations for fee changes at C.S.U. The policy stipulates that the board will normally take no final action to increase or decrease student fees until they have received a recommendation from the student government based on an evaluation of the results of a student referendum.[3] Under this type of climate it is necessary to create and cultivate a student awareness of the health service program and to gain complete support of all the parties involved.

In 1978 the Student Health Center was faced with a serious financiai pinch for the 1978-79 budget year. There were a number

of alternatives open to the University, none of them pleasant, and all would result in some form of financial constraint. These alternatives were:

1. Reduce Services. This would have involved elimination of infirmary care and the closing of the Health Center for night emergency care. It was generally agreed that these two services should be the first to go if this alternative was selected. Both are expensive to run and would have resulted in a one year's savings equivalent to the current rate of inflation. The primary drawback to this alternative was that due to inflation it was a one year solution and we could end up with reduced services and the same problem next year.
   Our medical records information indicated that during the school year one out of every seven students had the occasion to use one or both of these services. Another factor to be considered was the local rates for these services. The cost of infirmary and emergency care at the Health Center was substantially below the community rates for corresponding treatment in the local facility. At C.S.U. there is also a direct relationship between the Health Center benefits and the Student Insurance program that is negotiated each year. The philosphy behind the insurance program is that it should be a supplement to the benefits offered by the Health Center. Therefore, a change or reduction in the Health Center benefits would have an

impact on the 7,000 students enrolled in the insurance because of increased rates, and to the 14 percent of the student population not insured at all due to their increased dependence for medical care outside of the Health Center.

2. Expand Fee-for-Service Charges. Currently the Health Center charges for pharmacy, laboratory and x-ray. Under this alternative the mandatory fee would remain at $28 and additional fee-for-service charges such as office calls, would be instituted.

3. Increase the Student Health Fee. The health fee for the spring of 1978 was $28 per semester. This alternative would require a $31 per student, per semester increase to maintain the current level of services. This would generate approximately $100,000 - the expected shortfall for 1978-1979.

In the spring of 1978 when we recognized the need for a possible fee increase, we decided to incorporate questions pertaining to the alternatives into our spring student survey. This survey is a tool the Health Center has frequently used to determine student attitudes concerning important health issues. In presenting the alternatives open to the Health Center over 70% of the 938 students participating in the survey selected a fee increase rather than the other two alternatives. We used this survey as an indication of the feelings of the student body, consequently we decided to look more closely at the feasibility of a fee increase.

An important question can be asked as to why the great majority of support by the students. My feeling is that in the past several years students have come to value the Health Center not only in terms of health care, but also because of the working environment between students and staff that is encouraged by the administration. This "openness" is represented by a number of methods used by the Health Center to insure that students are informed. Each spring the Health Center presents a report to the Student Government detailing the current and future operational expenditures and problems. This presentation is not required but has helped tremendously to create a good relationship between the Student Government and the Health Center.

Another instrument that has become a very valuable measure of student attitudes is our comment/complaint form. We began using this system two years ago. It allows a student to put in writing a comment or complaint they may have concerning a Health Center policy or employee. This has proven to be a great outlet for students and allows us to correct many problems almost immediately.

The third aspect of our improved relationship with the students has been the involvement of the Student Health Organization. A student government funded group, the Student Health Organization assists with budget review, comments and complaints, new physician selection review and health education outreach programs. The group has increased the visibility of the Health Center on campus and provided student input into our operation. The Health Center also

utilizes a large staff during class registration to inform students of the Center's benefits and policies and the optional Student Insurance program. Our open house during fall semester for students and University staff has been a good effort from a public relations standpoint.

An important orientation for new students and their parents is conducted during the month of July. Each day a group of new students and parents are informed of the many aspects of life at C.S.U. Included in this is a slide presentation by the Health Center concerning the Health Center benefits and the Student Insurance program. This has greatly improved the understanding by parents and students of our services. Additional orientation sessions are held for foreign students and student spouses. Spending a little extra time to discuss the questions and problems of each group has been a great help in our overall effort to keep our potential patient population informed. All of these points indicate the University's willingness to let students know where their dollars go. This in turn has helped create an atmosphere of cooperation and support.

Following our survey the Health Center decided to determine what other support could be gathered before requesting a referendum on the fee issue. The student government overwhelmingly supported the motion to increase fees as did the student newspaper, the Student Health Organization and the Health Center.

The actual ballot included all three alternatives for students to consider, so it was very important for each group to relate their

support of the fee increase. Handouts, letters to the editors, advertisements and an endorsement by the newspaper were all important to the success of this decision. Again, over 70% of the voting students elected to increase the health fee. This show of student support encouraged the State Board to authorize the increase of $3 per student, the largest under consideration.

For a facility that has over 64,000 patient visits per year, results such as this are certainly gratifying. In a prepaid, mandatory fee setting there is often the feeling expressed by students that the medical care provided is inferior. This I feel is due to the fact that the fee is "buried" in total fees, therefore the student presumes the care to be "free" and of lesser quality. This is why we go the extra step to insure that students know the true importance of their financial support. We feel that by further developing this cooperative atmosphere between our staff and the student body we will be better able to respond to their needs. Even in a mandatory fee setting such as ours, it is well advised to help the students understand the need for their continuing support.

REFERENCES

[1]Cox J: The University of Kentucky's experience with a voluntary health fee. J Amer Coll Health Assoc 22: 311-314, 1974

[2]S. RES 28, 51st General Assembly, 2nd Sess 1978.

[3]The Fort Collins Journal, Oct. 24, 1977, pg. 1.